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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  
**OR**

Attorney Docket Number	19382-004
First Named Inventor	Salim
<b><i>COMPLETE IF KNOWN</i></b>	
Application Number	09/765,964
Filing Date	1/19/01
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# METHOD AND APPARATUS FOR IMPLEMENTING AN ACTIVE INFORMATION MODEL

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) 01/19/01 as United States Application Number or PCT International

Application Number 09/765,964 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	
60/176,983	01/19/00	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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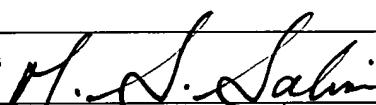
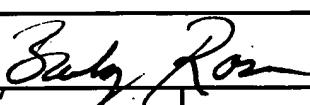
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input style="width: 100px; height: 30px; border: 1px solid black; vertical-align: middle;" type="text"/>		OR	<input type="checkbox"/> Correspondence address below
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Address					
Address					
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Country	Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Mohammad			Family Name Salim or Surname		
Inventor's Signature				Date <i>rss</i> <i>5/23/2001</i>	
Residence: City Boulder	State Colorado	Country U.S.A.	Citizenship U.S.A.		
Mailing Address 2211 Bluebell Avenue					
Mailing Address 2211 Bluebell Avenue					
City Boulder	State Colorado	ZIP 80302	Country U.S.A.		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Barbara			Family Name Rossner or Surname		
Inventor's Signature				Date <i>rss</i> <i>5/23/2001</i>	
Residence: City Boulder	State Colorado	Country U.S.A.	Citizenship U.S.A.		
Mailing Address 1301 30 <sup>th</sup> Street, #102					
Mailing Address 1301 30 <sup>th</sup> Street, #102					
City Boulder	State Colorado	ZIP 80303	Country U.S.A.		
<input checked="" type="checkbox"/> Additional inventors are being named on the (1) supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Ronald		Barber		
Inventor's Signature			Date 5/23/01	
Residence: City	Boulder	State	Colorado	Country
U.S.A.		Citizenship	U.S.A.	
Mailing Address 2988 S. Lakeridge Trail				
Mailing Address 2988 S. Lakeridge Trail				
City	Boulder	State	Colorado	ZIP 80301
Country		U.S.A.		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Citizenship
Mailing Address				
Mailing Address				
City		State		Zip
Country				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City		State		Citizenship
Mailing Address				
Mailing Address				
City		State		Zip
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